

2004 CBT 536 Pediatric Trauma KING COUNTY EMERGENCY MEDICAL SERVICES (12/15/03) MH			SKILLS CHECKLIST FOR RECERTIFICATION		
NAME	PRINT STUDENT'S NAME	EMS #		DATE	
Objective: Given a partner, appropriate equipment and a pediatric patient with a traumatic injury, demonstrate appropriate assessment and treatment as outlined in CBT 536 and BLS Patient Care Guidelines.					
SCENE SIZE-UP (must verbalize)					
<input type="checkbox"/> BSI	<input type="checkbox"/> Scene Safety	<input type="checkbox"/> Determines NOI/MOI	<input type="checkbox"/> Number of Patients	<input type="checkbox"/> Additional Resources	
INITIAL ASSESSMENT (must verbalize)					
<input type="checkbox"/> Appearance	<input type="checkbox"/> Work of Breathing	<input type="checkbox"/> Circulation to Skin	<input type="checkbox"/> Obvious Trauma/C-spine	<input type="checkbox"/> Sick	
<input type="checkbox"/> Chief complaint		<input type="checkbox"/> Bleeding	<input type="checkbox"/> Body Position	<input type="checkbox"/> Not Sick	
SUBJECTIVE (FOCUSED HISTORY)					
<input type="checkbox"/> Establishes rapport appropriate for patient's age and obtains consent to treat (from parents if present) <input type="checkbox"/> Reassures and calms patient – considers immediate spinal precautions (explains procedures as indicated) <input type="checkbox"/> Determines patient's chief complaint and follows SAMPLE and OPQRST investigation <input type="checkbox"/> Obtains names/dosages of current medications (use parents as historians, if possible)					
OBJECTIVE (PHYSICAL EXAM)					
<input type="checkbox"/> Records and documents baseline vital signs <input type="checkbox"/> Performs appropriate trauma exam — exposes/checks for additional bleeding and/or injuries <input type="checkbox"/> Assesses CMS before and after wound care (as indicated) <input type="checkbox"/> Obtains second set of vital signs and compares to baseline					
ASSESSMENT (IMPRESSION)					
<input type="checkbox"/> Verbalize impression (R/O) <input type="checkbox"/> Determines if ALS is needed — states rationale _____					
PLAN (TREATMENT)					
GENERAL CARE (Check all that apply) <div> <input type="checkbox"/> Considers immediate spinal precautions <input type="checkbox"/> Properly positions patient <input type="checkbox"/> Administers additional care as indicated: wound care, splinting <input type="checkbox"/> Administers appropriate rate and delivery of oxygen <input type="checkbox"/> Applies appropriate spinal stabilization and immobilization (if indicated) </div>			<div> <input type="checkbox"/> Initiates steps to prevent heat loss <input type="checkbox"/> Indicates need for immediate ALS/transport (SICK) <input type="checkbox"/> Monitors patient vital signs <input type="checkbox"/> Incorporates parents as needed <input type="checkbox"/> Considers IOS <input type="checkbox"/> _____ (additional) </div>		
			CRITICAL FAIL CRITERIA DID NOT... <div> <input type="checkbox"/> Take/verbalize BSI <input type="checkbox"/> Appropriately provide / manage airway, breathing, bleeding control, treatment of shock <input type="checkbox"/> Did not assess/provide for appropriate spinal precautions <input type="checkbox"/> Administer appropriate rate and delivery of oxygen (if indicated) <input type="checkbox"/> Indicate the need for immediate ALS/transport (SICK) </div>		
COMMUNICATION AND DOCUMENTATION			RECERTIFY		
<input type="checkbox"/> Delivers timely and effective short report (if indicated) <input type="checkbox"/> Completes SOAP narrative portion of incident response form			<input type="checkbox"/> YES <input type="checkbox"/> NO 2nd ATTEMPT <input type="checkbox"/> YES <input type="checkbox"/> NO		
EVALUATOR SIGN YOUR NAME			EMS #		
			IF NO EXPLAIN		

